DEFENSE INTELLIGENCE AGENCY
WASHINGTON, D. C. 20301

Mr. T. H. Nelson
Vassar College
Poughkeepsie, New York 12601

Dear Mr. Nelson:

Thank you for contacting us concerning employment possibilities with the Defense Intelligence Agency.

The Defense Intelligence Agency is an independent Agency within the Department of Defense that plays a vital role in maintaining the security of our nation. Enclosed is an appropriate application form for your use should you desire to pursue employment possibilities with this Agency.

Please feel free to contact this office if we may be of further assistance to you.

Your interest in the Defense Intelligence Agency is appreciated.

Sincerely,

Melvin I. Albert

MELVIN I. ALBERT
Recruitment Officer
Civilian Personnel Division

Enclosures a/s

. . . . . AN ACADEMIC AND PROFESSIONAL ENVIRONMENT
IN A VITAL PUBLIC SERVICE SETTING

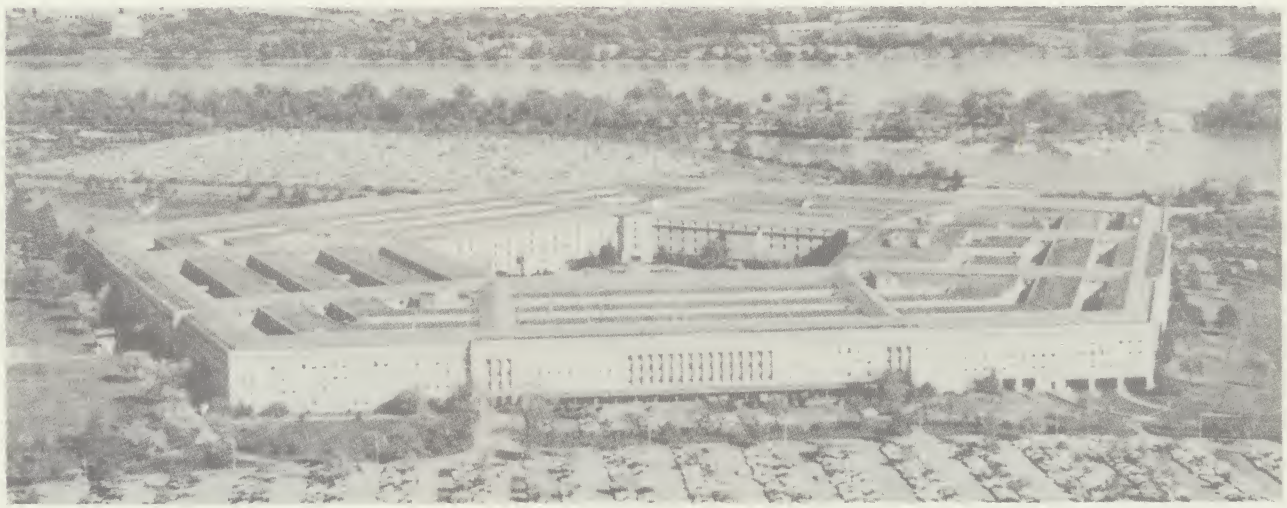
Defense Intelligence Agency

Pentagon and Arlington, Virginia

The Defense Intelligence Agency is represented by a highly trained military-civilian work force which is engaged in, or directly supports the collection, analysis, evaluation, interpretation, and dissemination of information on political, economic, social, cultural, physical, geographic, scientific, or military conditions, trends and forces in foreign and domestic areas which directly or indirectly affect the military posture and national security.

Major Functions:

- Intelligence Research and Operations
- Scientific and Technical Intelligence
- Research and Development
- ADPS
- Comptrollership
- Personnel and Management Services
- Mapping, Charting and Geodesy
- Earth Science and Environment
- Photo-intelligence Research and Analysis Interpretation



U.S. ARMY PHOTOGRAPH

DIA has been granted direct hiring prerogatives but maintains the liberal benefits associated with Federal Service Career Employment. Applicants must be U. S. citizens, preferably by birth, subject to thorough background inquiry and physical examination.

- For more details, write for our brochure "Career Opportunities" or you may direct a resume or Standard Form 57 Application for Federal Employment to:

DEFENSE INTELLIGENCE AGENCY
RECRUITMENT AND EVALUATION
RM 2E239, PENTAGON
WASHINGTON, D. C. 20301

An equal opportunity employer.

APPLICATION
FOR FEDERAL EMPLOYMENT

IMPORTANT

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

All requested information must be furnished. The information you give will be used to determine your qualifications for employment.

It is IMPORTANT that you answer all questions on your application *fully* and *accurately;* failure to do so may delay its consideration and could mean loss of employment opportunities.

If an item does not apply to you, or if there is no information to be given, please write in the letters "N.A." for Not Applicable.

GENERAL INSTRUCTIONS

- Use typewriter if available. Otherwise, write legibly or print clearly in dark ink.
- If you are applying for a specific civil service examination, follow exactly the directions in the examination announcement as well as the instructions for filling out this form.
- For a written examination, the admission card tells you what to do with this application.
- If the examination involves no written test, mail this application to the office named in the examination announcement. Be sure to mail to the same office any other forms required in the announcement.
- Notify the office with which you file this application of any change in your name or address.

INSTRUCTIONS RELATING TO SPECIFIC ITEMS

ITEM 18. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE

- Five-point preference is granted to veterans if honorably separated: (a) after active wartime service during the periods April 6, 1917 to July 2, 1921 or December 7, 1941 to July 1, 1955, or (b) after peacetime campaign service in the Armed Forces of the United States for which a campaign badge has been authorized.
- Ten-point preference is granted in some cases to disabled veterans, including veterans awarded the Purple Heart, to widows of veterans, to wives of disabled veterans, and to mothers of deceased or disabled veterans. See Standard Form 15—Veteran Preference Claim.
- If you claim five-point preference as a wartime veteran, you are not required to furnish proof of honorable separation until the time of appointment.
- If you claim (a) ten-point preference or (b) five-point preference as a peacetime campaign veteran, complete and attach to this application Standard Form 15—Veteran Preference Claim, and the proof called for in that form.

PLEASE READ ADDITIONAL INSTRUCTIONS ON BACK OF THIS SHEET

16—76419-2

PLEASE BE SURE TO READ ATTACHED INSTRUCTIONS BEFORE COMPLETING ITEM 19

19. EXPERIENCE *(Start with your PRESENT position and work back)*

May inquiry be made of your present employer regarding your character, qualifications, and record of employment? ☐ Yes ☐ No

1

Dates of employment *(month, year)* From — To present time	Exact title of position	Number and kind of employees you supervise

Salary or earnings Starting $ per Present $ per	Classification Grade *(If in Federal service)*	Place of employment *(City & State)*	Kind of business or organization, *(Manufacturing, accounting, insurance, etc.)*

Name and address of employer *(firm, organization, etc.)*	Name, title, and present address of immediate supervisor

Reason for wanting to leave

Description of work

2

Dates of employment *(month, year)* From — To	Exact title of position	Number and kind of employees you supervised

Salary or earnings Starting $ per Final $ per	Classification Grade *(If in Federal service)*	Place of employment *(City & State)*	Kind of business or organization, *(Manufacturing, accounting, insurance, etc.)*

Name and address of employer *(firm, organization, etc.)*	Name, title, and present address of immediate supervisor

Reason for leaving

Description of work

3

Dates of employment *(month, year)* From — To	Exact title of position	Number and kind of employees you supervised

Salary or earnings Starting $ per Final $ per	Classification Grade *(If in Federal service)*	Place of employment *(City & State)*	Kind of business or organization, *(Manufacturing, accounting, insurance, etc.)*

Name and address of employer *(firm, organization, etc.)*	Name, title, and present address of immediate supervisor

Reason for leaving

Description of work

IF YOU NEED ADDITIONAL EXPERIENCE BLOCKS USE STANDARD FORM 57-A OR BLANK SHEETS
SEE INSTRUCTION SHEET

16—70519-8

ATTACH SUPPLEMENTAL SHEETS OR FORMS HERE

• ANSWER ALL QUESTIONS CORRECTLY AND FULLY

20. SPECIAL QUALIFICATIONS AND SKILLS

A. Kind of License or Certificate *(For example, pilot, teacher, registered nurse, lawyer, radio operator, C.P.A., etc.)*	B. State or other licensing authority	C. Year of first license or certificate	D. Year of latest license or certificate

E. Special skills you possess and machines and equipment you can use. *(For example, short wave radio, multilith, comptometer, key punch, turret lathe, transcribing machine, scientific or professional devices)*	F. Approximate number of words per minute: Typing	Shorthand

G. Special qualifications not covered in application. *(For example, your most important publications (do not submit copies unless requested); your patents or inventions; public speaking and publications experience; membership in professional or scientific societies, etc.; and honors and fellowships received.)*

21. EDUCATION

A. Place "X" in column indicating highest grade completed												B. If you graduated from high school, give date	C. Name and location of last high school attended
1	2	3	4	5	6	7	8	9	10	11	12		

D. Name and location of college or university	Dates attended		Years completed		Credit hours		Degree received	Year received
	From	To	Day	Night	Semester	Quarter		

E. Chief undergraduate college subjects	Semester Hours Credit	Quarter Hours Credit	F. Chief graduate college subjects	Semester Hours Credit	Quarter Hours Credit

G. State major field of study at highest level of college work

H. Other schools or training *(for example, trade, vocational, Armed Forces, or business)*. Give for each the name and location of school, dates attended, subjects studied, certificates, and any other pertinent data.

22. FOREIGN TRAVEL

Have you lived or traveled in any foreign countries?

☐ Yes ☐ No

If "Yes," give in Item 39 names of countries, dates and length of time spent there and reason or purpose (military service, business, education, or vacation).

23. FOREIGN LANGUAGES

Enter foreign language and indicate your knowledge of each by placing "X" in proper column	Reading			Speaking			Understanding			Writing		
	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair	Exc.	Good	Fair

24. REFERENCES

List three persons living in the United States or territories of the United States who are NOT RELATED TO YOU AND WHO HAVE DEFINITE KNOWLEDGE of your qualifications and fitness for the position for which you are applying. Do not repeat names of supervisors listed under Item 19.

FULL NAME	PRESENT BUSINESS OR HOME ADDRESS *(Number, Street, City, State and Zip Code)*	BUSINESS OR OCCUPATION

ANSWER ALL QUESTIONS BY PLACING "X" IN PROPER COLUMN	YES	NO
25. Are you a citizen of the United States of America?..... If "No," give country of which you are a citizen: _____.		
26. Are you now, or have you ever been, a member of the Communist Party, U.S.A., the Communist Political Association, the Young Communist League, or any Communist organization?.....		
27. Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, Fascist, Communist, or subversive, or which has adopted, or shows, a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States, or which seeks to alter the form of government of the United States by unconstitutional means?.....		
If your answer to 26 and/or 27 above is "Yes," state on a separate sheet attached to and made a part of this application the names of all such organizations, associations, movements, groups or combination of persons and dates of membership. Give complete details of your activities therein and make any explanation you desire regarding your membership or activities. (See Instruction Sheet.)		
28. Have you any physical handicap, chronic disease, or other disability?.....		
29. Have you ever had a nervous breakdown?.....		
30. Have you ever had tuberculosis?..... *If your answer to 28, 29, or 30 above is "Yes," give details in Item 39.*		
31. Have you ever been barred by the U.S. Civil Service Commission from taking examinations or accepting civil service appointment? *(If your answer is "Yes," give dates of and reasons for such debarment in Item 39.)*		
32. Does the United States Government employ in a civilian capacity any relative of yours (by blood or marriage) with whom you live or have lived within the past 24 months?..... *If your answer is "Yes," give in Item 39 for EACH such relative (1) full name; (2) present address; (3) relationship; (4) department or agency by which employed; and (5) kind of appointment.*		
33. Do you receive or have you applied for an annuity from the United States or District of Columbia Government under any retirement act or any pension or other compensation for military or naval service?..... *If your answer is "Yes," give details in Item 39.*		
34. Are you an official or employee of any State, territory, county, or municipality?..... *If your answer is "Yes," give details in Item 39.*		
35. Have you ever been discharged (fired) from employment for any reason?.....		
36. Have you ever resigned (quit) after being informed that your employer intended to discharge (fire) you for any reason?..... *If your answer to 35 or 36 above is "Yes," give details in Item 39. Show the name and address of employer, approximate date, and reasons in each case. This information should agree with statements made in Item 19—Experience.*		
37. Have you ever been arrested, taken into custody, held for investigation or questioning, or charged by any law enforcement authority? (You may omit: (1) Traffic violations for which you paid a fine of $30.00 or less; and (2) anything that happened before your 16th birthday. All other incidents must be included, even though they were dismissed or you merely forfeited collateral.).....		
38. While in the military service were you ever arrested for an offense which resulted in a trial by deck court or by summary, special, or general court-martial?..... *If your answer to 37 or 38 is "Yes," give details in Item 39, showing for each incident: (1) date, (2) charge, (3) place, (4) law enforcing authority or type of court or court-martial, and (5) action taken.*		

39. SPACE FOR DETAILED ANSWERS TO OTHER QUESTIONS. Indicate item numbers to which answers apply.

Item No.		Item No.	

If more space is required, use full sheets of paper approximately the same size as this page. Write on each sheet your name, date of birth, and examination title. Attach on inside of this application.

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS APPLICATION

A false or dishonest answer to any question in this application may be grounds for rating you ineligible for Federal employment, or for dismissing you after appointment, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Sec. 1001). All statements made in the application are subject to investigation, including a check of your fingerprints, police records, and former employers. All information will be considered in determining your present fitness for Federal employment.

CERTIFICATION

I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith.

Signature of applicant _____ Date _____

(Sign in ink)

GPO 16—76419-2

STANDARD FORM 57
REVISED MARCH 1961
U.S. CIVIL SERVICE COMMISSION

APPLICATION FOR FEDERAL EMPLOYMENT

57-106

1. Kind of position applied for, or name of examination | Announcement No.

2. Options for which you wish to be considered *(if listed in examination announcement)*

3. Primary place(s) of employment applied for *(City and State)*

ANOTHER Datamation READER INQUIRY

4. A T H NELSON
INSTRUCTOR SOCIOLOGY
5. VASSAR COLLEGE ADV
POUGHKEEPSIE
NEW YORK 12601

6. Home phone | 7. Office phone

8. Legal or voting residence *(State)*

9. Height without shoes _____ feet _____ inches | 10. Weight

11. Sex ☐ Male ☐ Female | 12. Marital status ☐ Married ☐ Single *(Incl. widowed, divorced)*

13. Birthplace *(City and State, or foreign country)*.

14. Birth date *(Month, day, year)* | 15. Social Security Number

16. If you have ever been employed by the Federal Government, indicate last grade and job title:

Dates of service in that grade
From To

DO NOT WRITE IN THIS BLOCK
For Use of Examining Office Only

☐ Appor. ☐ Nonappor. | Material ☐ Submitted ☐ Returned | Entered Register:

Notations:

App. Reviewed:

App. Approved:

Option	Grade	Earned Rating	Preference	Augm. Rating
			☐ 5 points (Tent.)	
			☐ 10 points Comp. Dis.	
			☐ Other 10 Point	
			☐ Disal.	
			☐ Being Investigated	
Initials and date				

ANNOUNCEMENT NO.

APPLICATION NO.

17. AVAILABILITY INFORMATION

A. Lowest grade or pay you will accept
$ Per
or grade

B. Will you accept temporary appointment? *(Acceptance or refusal of temporary employment will not affect your consideration for other appointments.)* ☐ Yes ☐ No If "Yes," indicate by "X" in appropriate box or boxes.
☐ 1 mo. or less ☐ 1 to 4 months ☐ 4 to 12 months

C. Will you accept less than full-time employment (less than 40 hours per week)? ☐ Yes ☐ No

D. Are you willing to travel?
☐ Not at all ☐ Occasionally ☐ Frequently

E. Will you accept employment: In Washington, D.C.? ☐ Yes ☐ No Outside U.S.? ☐ Yes ☐ No

F. Will you accept appointment only in certain locations? ☐ Yes ☐ No
If "Yes," list locations:

18. ACTIVE MILITARY SERVICE AND VETERAN PREFERENCE

A. List Dates, Branch, and Serial or Service Number of All Active Service

From	To	Branch of Service	Serial or Service Number

B. Have you ever been discharged from the armed forces under other than honorable conditions?
☐ Yes *(Give details in Item 39)* ☐ No

C. Do you claim 5-point preference based on wartime military service?
☐ Yes ☐ No

D. Do you claim 5-point preference based on service during peacetime campaign? ☐ Yes *(Complete and attach Standard Form 15)* ☐ No

E. Do you claim 10-point preference? ☐ Yes ☐ No *If "Yes," check type of preference claimed and complete and attach Standard Form 15, "Veteran Preference Claim"* TYPE: ☐ Compensable disability ☐ Disability ☐ Wife ☐ Widow ☐ Mother

THIS SPACE FOR USE OF APPOINTING OFFICER ONLY

The information given in answer to Question 18 has been verified with the discharge certificate and/or other proof which shows that the separation was under honorable conditions.

VETERAN PREFERENCE ALLOWED: ☐ 5-point ☐ 10-point Comp. Disab. ☐ Other 10-point ☐ None

Signature and title	Agency	Date

16—76419-4

ITEM 19. EXPERIENCE

- Take time to fill in these experience blocks carefully and completely. Your qualifications rating depends in a large part on your experience and employment history. Failure to give complete details may delay consideration of your application. Answers given in this item may be verified with former employers.
- When the block contains experience in more than one type of work (Example: carpentry, painting; personnel-budget) estimate and indicate the approximate percentage of time spent in each type of work. Place these percentages in parentheses at the end of the description of the duties.
- *Block 1*—Describe your *present* position in this block. Indicate in this block if you are now unemployed or if you have never been employed.
- *Blocks 2 and 3*—Describe in Block 2 the position you held just before your present position, and continue to work backwards using Block 3.
- *Need for additional blocks*—If you need more experience blocks, use Standard Form 57–A—Continuation Sheet or a plain piece of paper. If you use plain paper, each experience block must contain all of the information requested in Item 19 of the printed application. If there is not enough space in any of the experience blocks to describe the positions held, continue the description on a plain piece of paper. Identify each plain sheet at the top by showing your name, date of birth, examination title, and the block under Item 19 from which the description is continued. Attach these supplemental sheets to the top of page 3 at place marked, "Attach Supplemental Sheets or Forms Here."
- *General Information*—If supervision over other employees was one of your duties, be sure to indicate the number and kind (and grades, if Federal Government) of employees supervised by you, and explain your duties as a supervisor under description of duties.
- Indicate in each block of Item 19 the name under which you were employed if it was different from the name in Item 4 of this application. Show former name in parenthesis after "Description of Work."
- Use separate blocks if your duties, responsibilities, or salary level changed materially while working for the same employer. Treat each such change as a separate position.
- Include your military or merchant marine service in separate blocks in its proper order and describe major duty assignments.
- Summarize in one or more of the blocks any experience acquired more than 15 years ago, unless it is the type of work for which you are applying.
- Account for periods of unemployment in separate blocks in order.
- You may include at the end of your employment history any pertinent religious, civic, welfare, or organizational activity which you have performed, either with or without compensation. Show actual time spent in such activity.
- Indicate estimated number of hours worked per week if you were on part-time work.

ITEMS 26 AND 27. MEMBERSHIP IN ORGANIZATIONS

- A list of organizations designated by the Attorney General under Executive Order 10450, Security Requirements for Government Employment, is available in Federal offices where applications are customarily given out. This list is supplied for your convenience, and is not intended to indicate what weight will be given to past or present membership in any listed organization in determining eligibility for Government employment. This may vary, depending upon the nature of the organization and the individual's participation. Your use of this list does not release you from the responsibility of listing your past or present membership in any other organization which you have reason to believe comes within the meaning of these questions.

CERTIFICATION

- Be careful that you have answered all questions on your application correctly and considered all statements fully so that your eligibility can be decided on all the facts. Read the certification carefully before you sign and date your application.
- Sign your name in ink.
- Use one given name, initial or initials, and surname.

PLEASE DETACH THIS INSTRUCTION SHEET BEFORE SUBMITTING YOUR APPLICATION

16—76419-2